TESTIMONY OF JON HAUXWELL, MD
KANSAS HEALTH POLICY AUTHORITY TOWNHALL MEETING
HAYS, KANSAS
JULY 27, 2006

Good evening. I'm Jon Hauxwell, a retired Family Physician and currently president of the Tobacco Free Kansas Coalition. I grew up just north of here, in Stockton. I appreciate your coming to Hays, and your willingness to consider input from the folks here.

Possibly one benefit of this meeting is to explore ways to reduce burgeoning healthcare expenditures, a worthwhile and increasingly urgent goal. This would naturally include advocacy of healthier lifestyles.

Let me start with an old plumber's aphorism: if you walk into a bathroom and find the tub overflowing, the first thing you do is shut off the faucet. Otherwise you'll be committed to mopping for the foreseeable future.

I'm talking about primary prevention - stopping diseases before they happen, not after.

Willie Sutton said he robbed banks because that's where the money is. Where's the money in primary prevention?

The leading cause of preventable premature death in Kansas is - using tobacco. The third leading cause is breathing somebody else's tobacco smoke. It has been demonstrated that for every $1 invested in comprehensive tobacco control programs, we reap $3 in savings due to reduced tobacco morbidity and mortality. That's where the pathology is, and that's where the money is.

About 1 in 5 Kansans smoke. Each year 5000 kids under age 18 become new daily smokers. In fact, tobacco addiction is a pediatric disease, though it can take decades to claim its victims. 90% of smokers became addicted by or before the age of 19. Unless we act effectively, 60,000 Kansas kids now alive will die prematurely from smoking. The average age of tobacco initiation - first use - is 12 years old.

Every year 3,800 adult Kansans die from their own smoking. Up to 590 of all ages have been estimated to die from exposure to others' smoking. That's more than alcohol, AIDS, car wrecks, murders, suicides, and all illegal drugs combined. Exact figures aren't available, but thousands more die from other tobacco-related causes, such as fires and spit tobacco use. Of those who don't quit smoking, one third will die from it, and another third will be disabled to some degree before dying of other causes.

The good news is that of all people who've ever been smokers, more than half have quit. Quitting is definitely feasible, especially with the right support.

Related monetary costs reflect this morbidity and mortality. Kansans spend $854 million annually on healthcare directly related to smoking; of this, $180 million is paid by Medicaid. Smoking-caused productivity losses cost another $823 million. These figures don't include costs from second-hand smoke, fires, or spit, cigar, and pipe tobacco use. Concomitant tobacco use also

compromises treatment of most chronic diseases, including heart and lung diseases, diabetes, substance abuse, and psychiatric disorders.

We know that comprehensive tobacco control programs work - and only comprehensive programs will do the job. Such programs include efforts at state, regional, and local levels to reduce youth access and initiation, promote quitting, and protect the public against environmental tobacco smoke pollution. They include upgrading integration of tobacco control practices into existing healthcare systems, countermarketing, school-based programs, and addressing the needs of special populations such as minorities, low income and education groups, pregnant women, and spit tobacco users.

Initial funding of any project whose payoff is largely months or years in the future is always problematic; current policymakers must bear the burden of difficult decisions now, while it could well be that only their successors will reap the benefits of their labors. Statesmanship is crucial; political gamesmanship could be lethal - figuratively, regarding efforts to introduce effective programs, and literally to those whose lives depend on those programs.

The Tobacco Settlement Fund has provided millions to state coffers, but many states have regarded this money as a windfall to bail out their general funds rather than treating the ongoing problem that made the settlement necessary in the first place. $18 million a year is the figure that CDC says is the minimum Kansas needs to do the job in tobacco control, and the Settlement funds could provide it, were it used as intended.

Kansas now ranks 28th in the nation in tobacco excise tax levels, 16.3 cents below the national states' average. More properly regarded as a "user fee," even a 50-cent-per-pack boost in the current cigarette tax could provide up to $50 million annually to fund a comprehensive cancer plan, including the CDC-recommended amount for tobacco control.

Additionally, higher taxes have been shown to rapidly reduce youth initiation and increase cessation rates.

No serious plan to encourage healthy living and reduce healthcare costs can afford to ignore or trivialize the need for tobacco control. I urge this Board to give it the consideration it requires and Kansans deserve.

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Tobacco Use in Kansas

High school students who smoke
21.1% (34,300)
Male high school students who use smokeless or spit tobacco
14.5% (females use much lower)
Kids (under 18) who become new daily smokers each year
5,000
Kids exposed to secondhand smoke at home
161,000
Packs of cigarettes bought or smoked by kids each year
8.6 million
Adults in Kansas who smoke
19.8% (406,200)

Nationwide, youth smoking has declined since 1997, but remains at high levels. The 2004 National Youth Tobacco Survey (YTS) found that 21.7% of U.S. high school kids smoke and 9.9% of high school males use spit tobacco. U.S. adult smoking has decreased gradually since the 1980s, and 20.9% of U.S. adults (about 45 million) currently smoke.

Deaths in Kansas From Smoking

Adults who die each year from their own smoking
3,800
Kids now under 18 and alive in Kansas who will ultimately die prematurely from smoking
60,100
Adults, children, & babies who die each year from others' smoking (secondhand smoke & pregnancy smoking)
330 to 590

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined -- and thousands more die from other tobacco-related causes -- such as fires caused by smoking (more than 1,000 deaths/year nationwide) and smokeless tobacco use. No good estimates are currently available, however, for the number of Kansas citizens who die from these other tobacco-related causes, or for the much larger numbers who suffer from tobacco-related health problems each year without actually dying.

Smoking-Caused Monetary Costs in Kansas

Annual health care costs in Kansas directly caused by smoking
$854 million
- Portion covered by the state Medicaid program
$180 million
Residents' state & federal tax burden from smoking-caused government expenditures
$547 per household
Smoking-caused productivity losses in Kansas
$823 million

Amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, spit tobacco use, or cigar and pipe smoking. Other non-health costs from tobacco use include residential and commercial property losses from smoking-caused fires (more than $500 million per year nationwide); extra cleaning and maintenance costs made necessary by tobacco smoke and litter (about $4+ billion nationwide for commercial establishments alone); and additional productivity losses from smoking-caused work absences, smoking breaks, and on-the-job performance declines and early termination of employment caused by smoking-caused disability or illness (dollar amount listed above is just from productive work lives shortened by smoking-caused death).

Tobacco Industry Influence in Kansas

Annual tobacco industry marketing expenditures nationwide
$15.4 billion
Estimated portion spent for Kansas marketing each year
$125.9 million

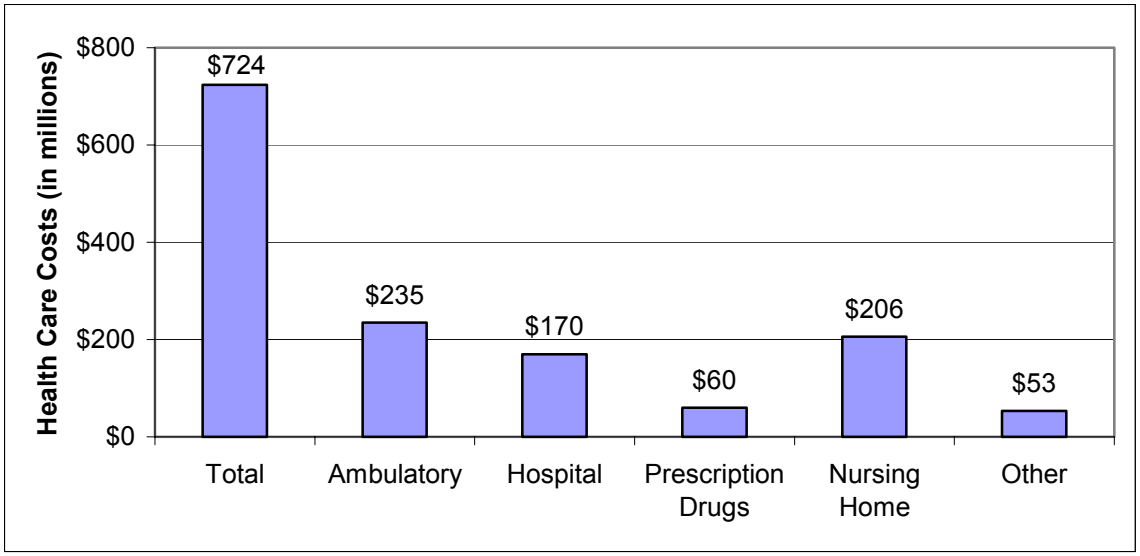
Published research studies have found that kids are twice as sensitive to tobacco advertising than adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure, and that one-third of underage experimentation with smoking is attributable to tobacco company advertising.

More detailed fact sheets on tobacco's toll in each state are available by emailing factsheets@tobaccofreekids.org

Health Care Related Expenditures

The annual health care related expenditures attributed to smoking now total over $724 million in Kansas alone. These expenditures consist of emergency care as well as chronic care expenditures. Out of the $720 million in medical expenditures, the state spends $153 million in Medicaid costs to treat smoking-related illnesses. The national health care related expenditures attributed to smoking currently total over $75 billion annually.

Smoking-Related Health Care Costs in Kansas (in millions) in 1998



Source: SAMMEC

Lost Productivity Costs

Lost productivity costs represent part of the indirect economic burden of smoking. The values of lost productivity includes the workplace cost of replacing an individual on sick leave and the cost of replacing that individual with a temporary employee (essentially paying 2 individuals to do the job of one person). Nationally this burden is estimated to be $92.5 billion annually.

Foregone Future Earnings from Smoking-Related Deaths in Kansas (in millions) in 5 year average (1997-2001)

Source: SAMMEC

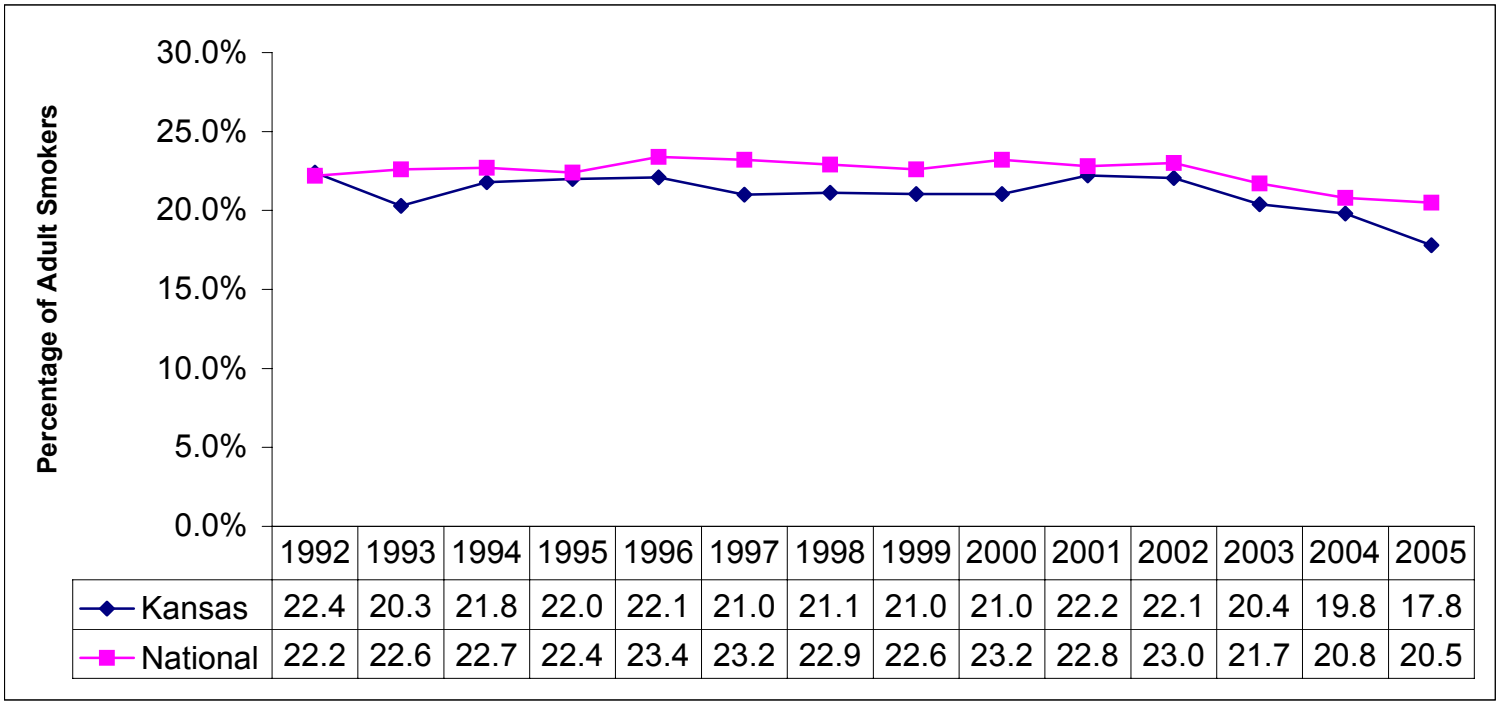
Adult Tobacco Use in Kansas

Adult smoking

Until recent years, the adult smoking prevalence in Kansas had paralleled the national trend. Over the past 10 years few noticeable changes have occurred. However, between 2002 and 2003 the prevalence dropped from 22.1% to 20.4%. This trend continued in 2004, dropping to 19.8% and continued to decline to 17.8% in 2005. From 2002 until 2005, this reduction in prevalence potentially represents 84,000 fewer adult smokers or nearly a 20% reduction over 4 years. However, despite this recent decline there are still approximately 356,000 adult Kansans who are considered current smokers.

Current smoking is defined as those individuals who have smoked at least 100 cigarettes in their lifetime and that they now smoke some days or every day.

Percentage of Current Smokers aged 18 Years and Older in the State of Kansas
(1992 – 2005)



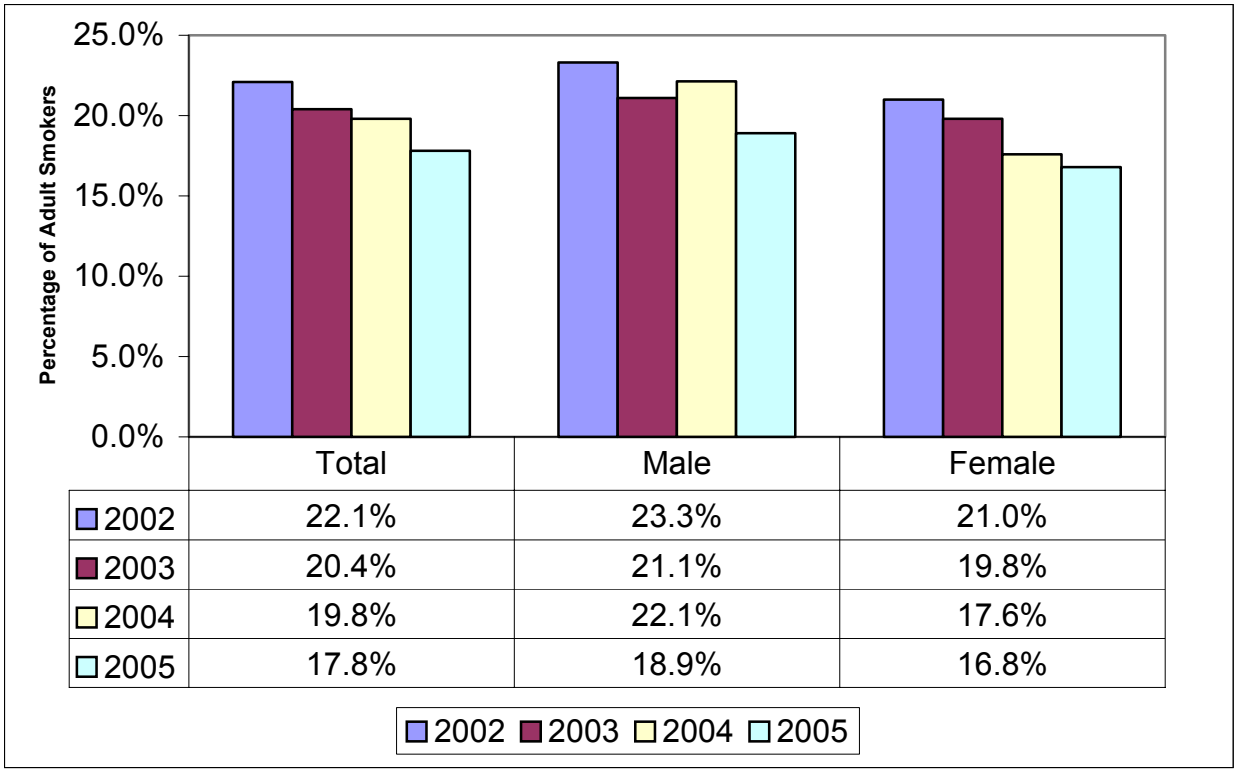
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Kansas	22.4	20.3	21.8	22.0	22.1	21.0	21.1	21.0	21.0	22.2	22.1	20.4	19.8	17.8
National	22.2	22.6	22.7	22.4	23.4	23.2	22.9	22.6	23.2	22.8	23.0	21.7	20.8	20.5

Source: Kansas Behavior Risk Factor Surveillance System

Age and Gender Stratification

A distinct gender difference exists among Kansas's cigarette smokers. A significantly higher percentage of adult males (18.9%) identify themselves as smokers than adult females (16.8%).

Percentage of Current Cigarette Smokers in Kansas aged 18 Years and Older by Gender (2002, 2003, 2004, 2005)

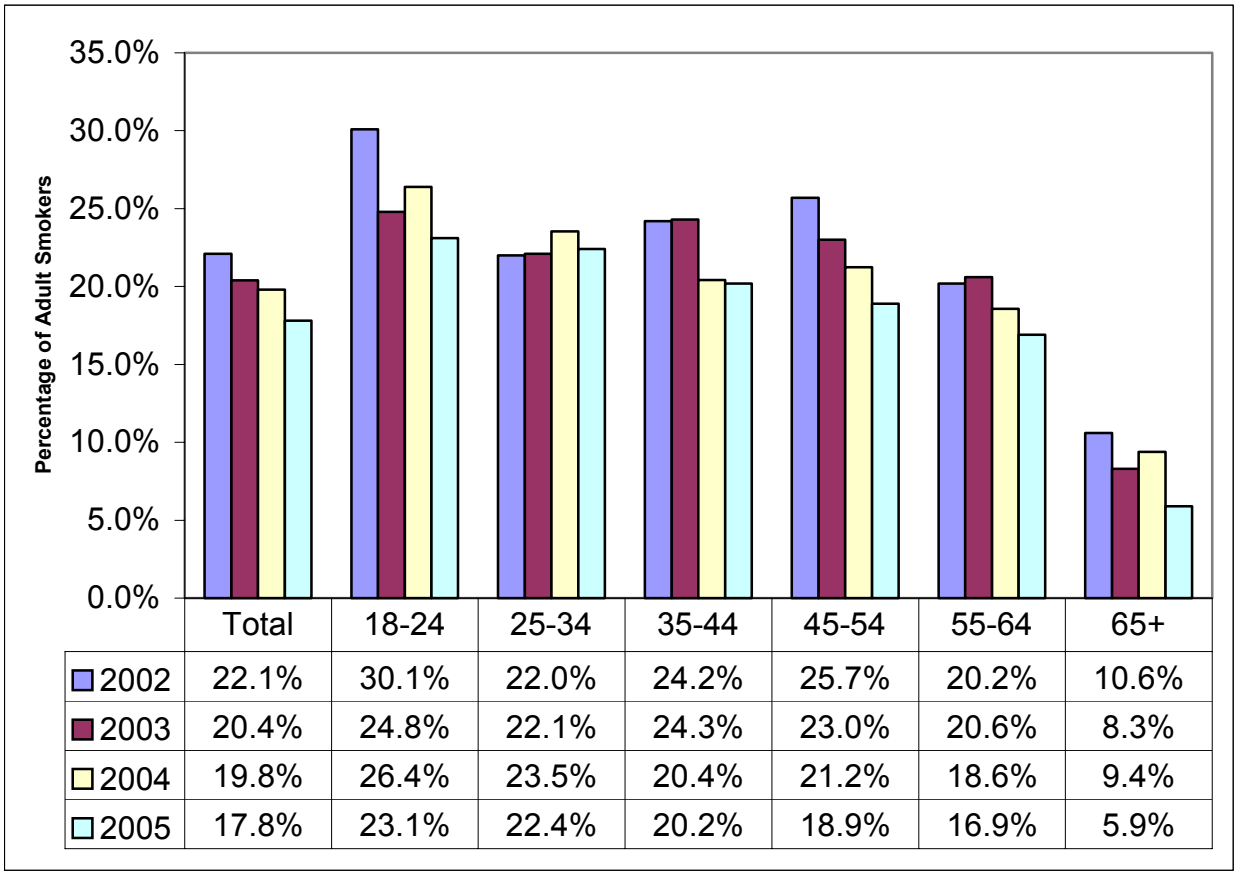


	Total	Male	Female
2002	22.1%	23.3%	21.0%
2003	20.4%	21.1%	19.8%
2004	19.8%	22.1%	17.6%
2005	17.8%	18.9%	16.8%

Source: Kansas Behavior Risk Factor Surveillance System 2002, 2003, 2004, and 2005

Research has shown that the vast majority of smokers begin before the age of 20. This trend appears to be the same in Kansas. The smoking prevalence does differ significantly between age groups, with the highest prevalence among those aged 18 to 24 years (23.1%).

Percentage of Current Cigarette Smokers in Kansas aged 18 Years and Older by Age (2002, 2003, 2004, 2005)



	Total	18-24	25-34	35-44	45-54	55-64	65+
2002	22.1%	30.1%	22.0%	24.2%	25.7%	20.2%	10.6%
2003	20.4%	24.8%	22.1%	24.3%	23.0%	20.6%	8.3%
2004	19.8%	26.4%	23.5%	20.4%	21.2%	18.6%	9.4%
2005	17.8%	23.1%	22.4%	20.2%	18.9%	16.9%	5.9%

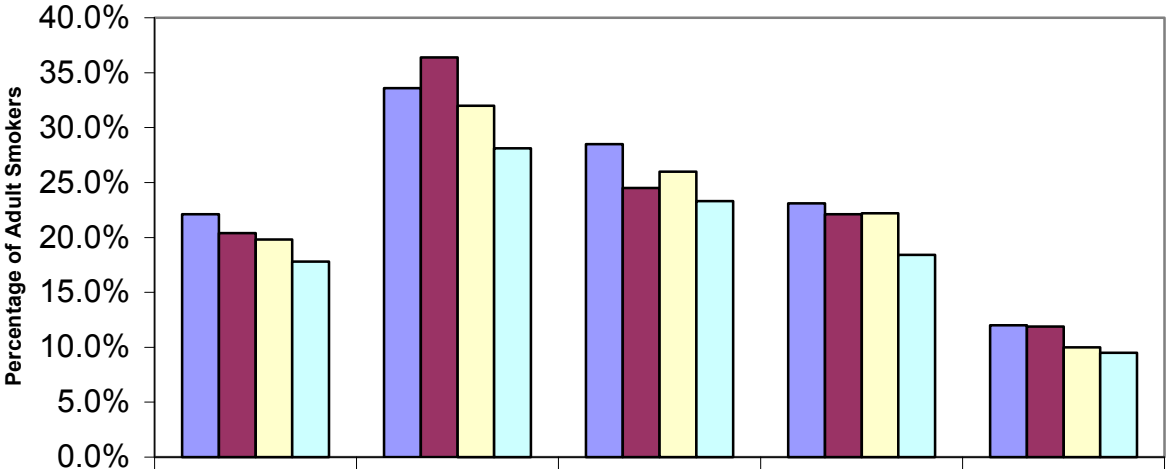
Source: Kansas Behavior Risk Factor Surveillance System 2002, 2003, 2004, and 2005

Education and Income Stratification

National data has shown that a higher percentage of current smoking is associated with those individuals of lower education and lower income. This trend is very prominent among the adult Kansas population. Over 1 in 4 adults with less than high school education are smokers where as only 1 in 10 college graduates are smokers. The highest percentage of current cigarette smokers is seen among those in the lowest income group and the lowest education.

This information is used to target high prevalence groups in Kansas to have the most impact on the smoking prevalence.

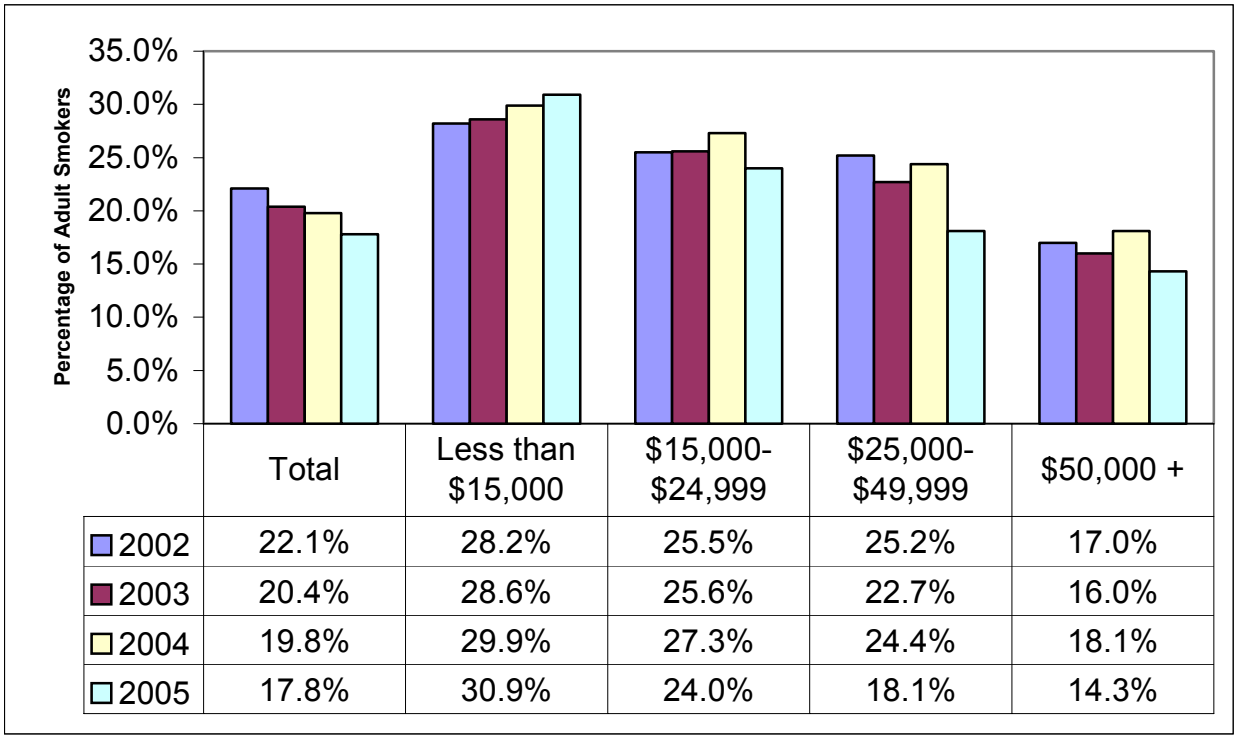
Percentage of Current Cigarette Smokers in Kansas Aged 18 Years and Older by Education (2002, 2003, 2004, 2005)



	Total	Less than H.S	H.S Graduate	Some College	College graduate
2002	22.1%	33.6%	28.5%	23.1%	12.0%
2003	20.4%	36.4%	24.5%	22.1%	11.9%
2004	19.8%	32.0%	26.0%	22.2%	10.0%
2005	17.8%	28.1%	23.3%	18.4%	9.5%

Source: Kansas Behavior Risk Factor Surveillance System 2002, 2003, 2004, and 2005

Percentage of Current Cigarette Smokers in Kansas Aged 18 Years and Older by Household Income (2002, 2003, 2004, 2005)



	Total	Less than $15,000	$15,000-$24,999	$25,000-$49,999	$50,000 +
2002	22.1%	28.2%	25.5%	25.2%	17.0%
2003	20.4%	28.6%	25.6%	22.7%	16.0%
2004	19.8%	29.9%	27.3%	24.4%	18.1%
2005	17.8%	30.9%	24.0%	18.1%	14.3%

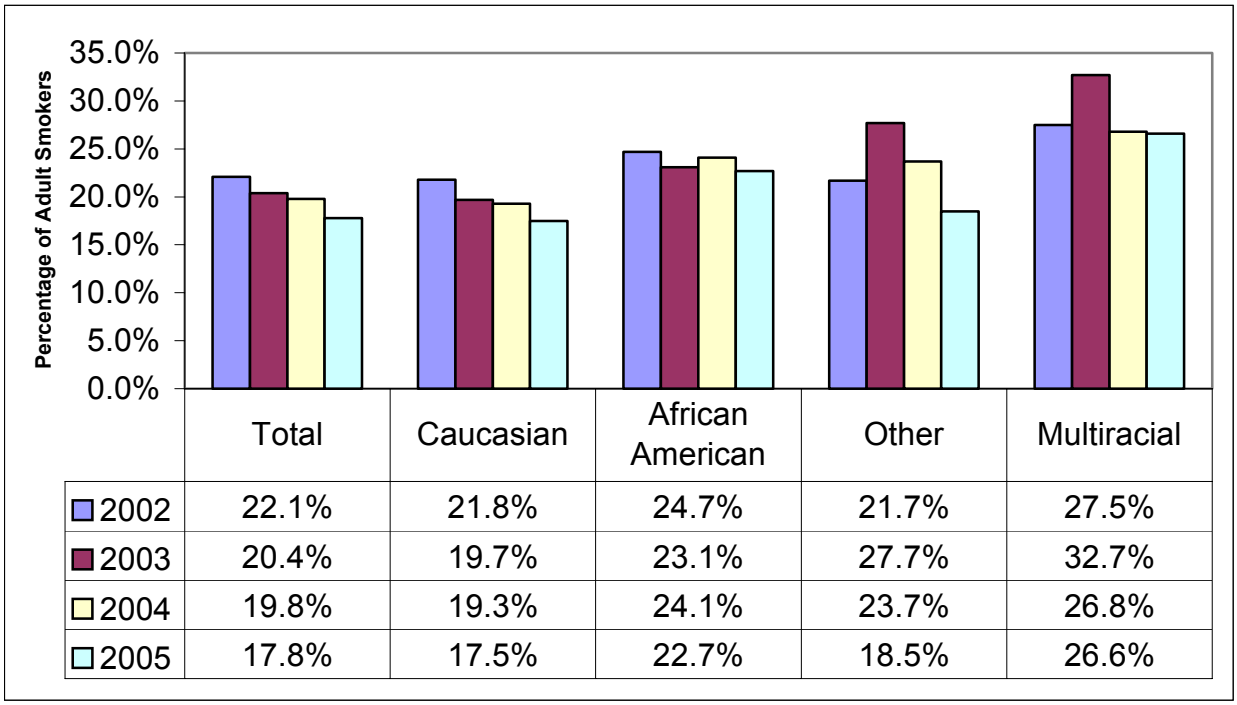
Source: Kansas Behavior Risk Factor Surveillance System 2002, 2003, 2004, and 2005

Racial Stratification

The smoking prevalence among minority populations is higher in Kansas. This would include, but is not limited to, the Native American population, the African American population, the Asian American population, and those identified as Multiracial. Higher percentages of current smoking are seen among the African American population (22.7%) and those individuals identified as Multiracial (26.6%).

Note: "Other" category includes individuals identified as Native American, Pacific Islander, Asian American, and Other.

Percentage of Current Cigarette Smokers by Race (2002, 2003, 2004, 2005)



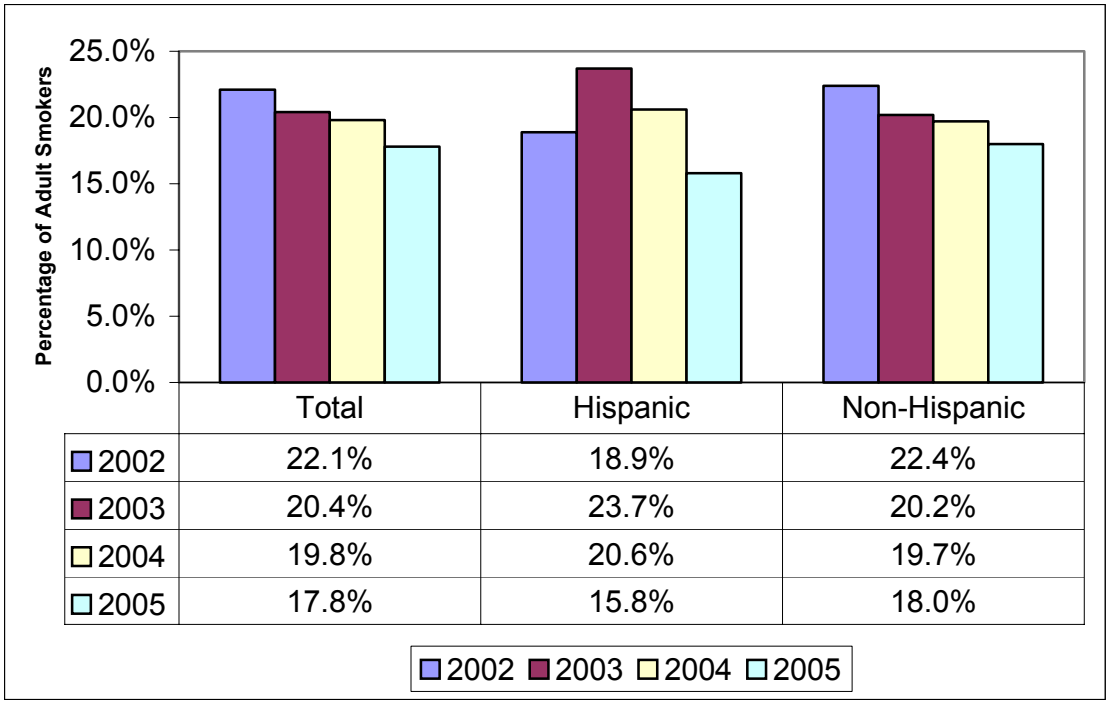
	Total	Caucasian	African American	Other	Multiracial
2002	22.1%	21.8%	24.7%	21.7%	27.5%
2003	20.4%	19.7%	23.1%	27.7%	32.7%
2004	19.8%	19.3%	24.1%	23.7%	26.8%
2005	17.8%	17.5%	22.7%	18.5%	26.6%

Source: Kansas Behavior Risk Factor Surveillance System 2002, 2003, 2004, and 2005

Ethnicity Stratification

In previous years, little detectable difference was seen between those Kansans identified as of Hispanic ethnicity and those identified as Non-Hispanic. The 2005 data suggest that a division may be forming. However, due to a low number of individuals of Hispanic ethnicity participating in the survey it is not possible at this time to conclude with certainty that individuals of Hispanic ethnicity have a significantly lower current smoking prevalence.

Percentage of Current Cigarette Smokers by Ethnicity (2002, 2003, 2004, 2005)



	Total	Hispanic	Non-Hispanic
2002	22.1%	18.9%	22.4%
2003	20.4%	23.7%	20.2%
2004	19.8%	20.6%	19.7%
2005	17.8%	15.8%	18.0%

Source: Kansas Behavior Risk Factor Surveillance System 2002, 2003, 2004, and 2005

Adult Smokeless Tobacco Use

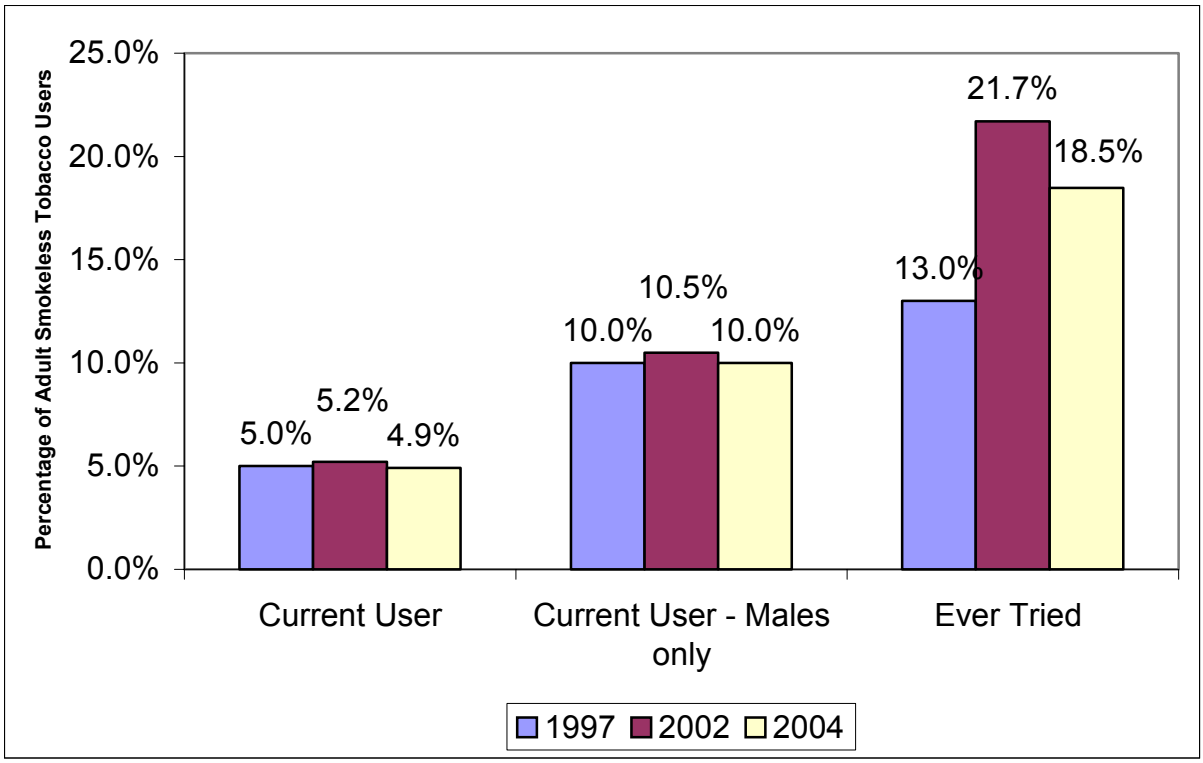
Current use of smokeless tobacco such as snuff and dip has remained the same in the past 7 years. In 2004, approximately 96,000 adult males in Kansas used smokeless tobacco on some days or everyday.

However, the number of individuals trying smokeless tobacco has seen an increase of 40% in 2002, and declined in 2004 to 18.5%.

In 1997, Kansas had the 5th highest prevalence of current smokeless tobacco use among the 17 states that collected population statistics on smokeless tobacco.

Smokeless tobacco use is a predominately male oriented behavior. Currently 1 in 10 adult males use smokeless tobacco.

Percentage of Current Smokeless Tobacco Users

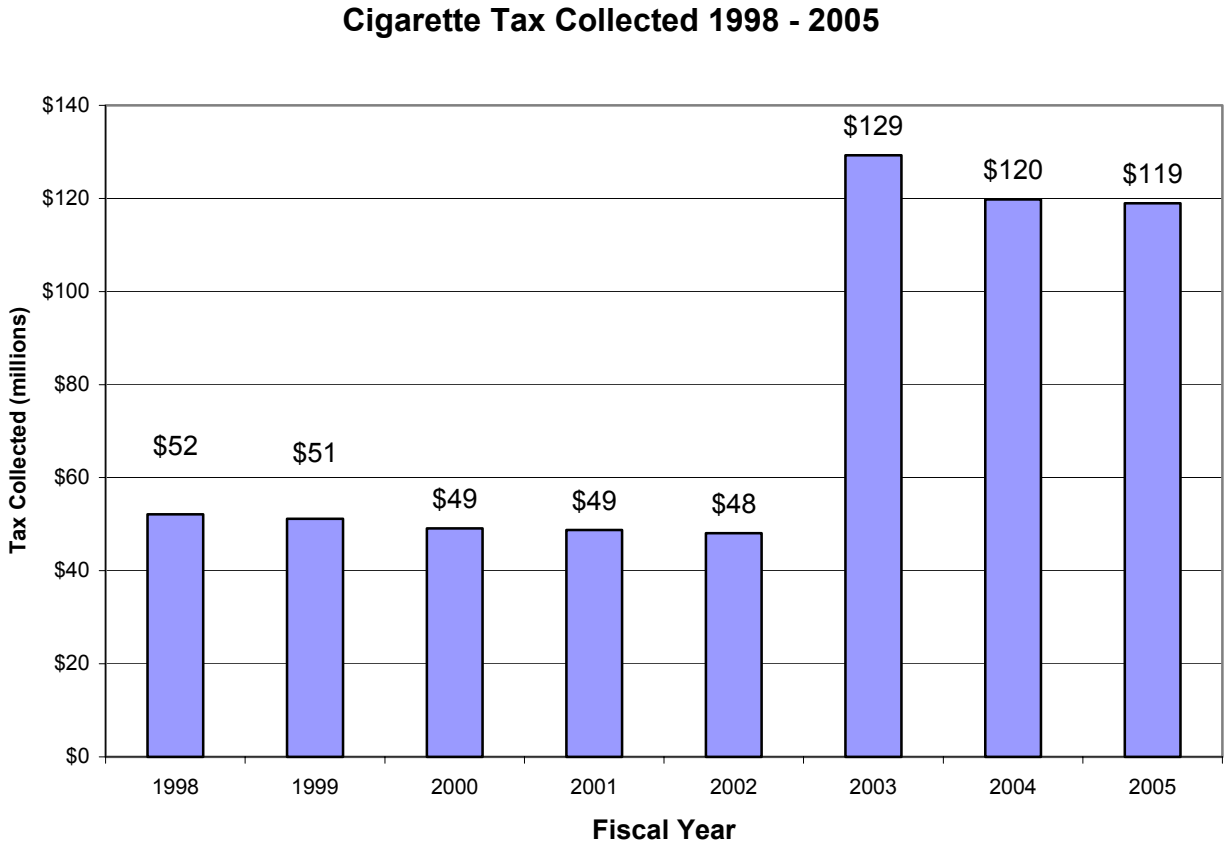


Source: Kansas Behavior Risk Factor Surveillance System 1997, 2002, and 2004

Cigarette Taxes

According to the Department of Revenue, the cigarette tax is paid upon the purchase of tax stamps. From 1998 to 2002, the cigarette tax was $0.24 per package of 20 cigarettes. In 2003 this rate was increased by $0.55 to a total of $0.79 per package of 20 cigarettes. This tax increase dramatically influenced the increase in the amount of tax collected in 2003.

Figure 24. Total Tax Collected in Kansas from the Sales of Cigarettes



Source: Kansas Department of Revenue Annual Report 2005

Current Tax in other states (As of July 5, 2006):

State Tax Rank	State Tax Rank	State Tax Rank
Kansas	$.79	28th
Colorado	$.84	25th
Missouri*	$.17	50th
Nebraska	$.64	31st
Oklahoma	$.103	19th

* Missouri had an excise tax increase on their legislative agenda. I do not know the fate of that bill.

Smoking-related Costs in Kansas (Include Preventable Deaths)

Tobacco use is the number one underlying preventable cause of death in Kansas.

Currently, over 3,800 Kansans die from cigarette smoking every year. The three major causes of death from cigarettes use are Cancer, Cardiovascular Disease (heart disease and stroke), and Respiratory Disease. There is also a gender difference in the number of deaths from smoking. Nearly two males die for every female from these smoking related diseases.

Average Number of Annual Deaths Attributable to Smoking by Type of Disease and Gender in 1997-2001 in Kansas

Causes of Death	Males	Females	Total
Malignant Neoplasms (Cancer)	1,012	471	1,483
Cardiovascular Disease	823	466	1,289
Respiratory Disease	650	472	1,122
Totals	2,458	1,409	3,894

Source: SAMMEC

Deaths due to exposure to Environmental Tobacco Smoke (aka Secondhand Smoke)

Total: Each year in Kansas, approximately 348 to 596 adult Kansans die from exposure to Secondhand Smoke

- Annual deaths[1]
  - 3,000 annual lung cancer deaths nationally attributed to ETS.
  - 35,000-62,000 annual heart disease deaths nationally attributed to ETS.

- Population attributable risk (PAR)[1]
  - The PAR for coronary heart disease is 18% (Range 8-23%). This means that if all ETS was eliminated, 18% of all coronary heart disease cases would not happen (a reduction in coronary heart disease of 18%).

    In 2003, 4127 Kansans died of coronary heart disease[2]. Using the national estimates of death, it can be said that approximately 321-569 Kansans died from coronary heart disease caused by exposure to ETS annually

  - The PAR for lung cancer is 2% (Range 1-6%). This means that if all ETS was eliminated, 2% of all lung cancer cases would not happen (a reduction in lung cancer of 2%).

    In 2003, 1554 Kansans died of malignant neoplasms of the respiratory and interthorasic organs[2]. Using the national estimates of death, it can be said that approximately 27 Kansans died from malignant neoplasms of the respiratory and interthorasic organs caused by exposure to ETS annually

- According to the 2006 Surgeon General's Report[3]
  1. Secondhand smoke causes premature death and disease in children and in adults who do not smoke.

  2. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.

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[1] Chronic Disease Epidemiology and Control, Second Edition. American Public Health Association. 1998.
[2] Center for Health and Environmental Statistics, Kansas Department of Health and Environment. Table 55, Selected Causes of Death by County of Residence, 2003
[3] U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General—Executive Summary. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006

3. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.

4. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.

5. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.

6. Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.